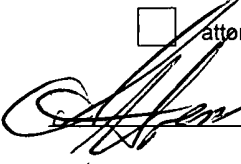


12-13-07

IAP/8

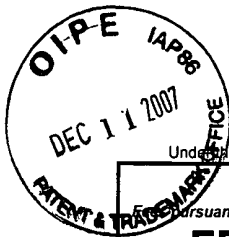
Approved for use through 11/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|---|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 5487-0120PUS1 | |
| Application Number 10/671,816-Conf. #6866 | | Filed September 25, 2003 | |
| For METHODS FOR TREATING INFLAMMATION-MEDIATED CONDITIONS OF THE EYE | | | |
| Art Unit 1615 | | Examiner S. E. Kennedy | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | <input type="checkbox"/> | applicant/inventor. | |
| | <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input checked="" type="checkbox"/> | attorney or agent of record. Registration Number <u>30,330</u> | |
| | <input type="checkbox"/> | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | |
|  | | <u>December 11, 2007</u> | |
| Signature | | Date | |
| <u>Leonard R. Svensson</u> | | <u>(858) 792-8855</u> | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> | Total of <u>1</u> | forms are submitted. | |
| | | 12/13/2007 ATRINH 0000067 022448 10671816 | |
| | | M1 FC:1253 1050.00 DA | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 943144443 US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 11, 2007

Signature:  (William H. Gorman)



PTO/SB/17 (10-07)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| | | | |
|--|------|--------------------------|------------------------|
| FEE TRANSMITTAL For FY 2008 | | Complete if Known | |
| | | Application Number | 10/671,816-Conf. #6866 |
| | | Filing Date | September 25, 2003 |
| | | First Named Inventor | Vernon G. WONG |
| | | Examiner Name | S. E. Kennedy |
| | | Art Unit | 1615 |
| | | Attorney Docket No. | 5487-0120PUS1 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,050.00 | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|-----------|---------------|
| 35 | - 67 = 0 | x 50.00 = | 0.00 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 6 | - 9 = 0 | x 210.00 = | 0.00 |

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
|----------|---------------|

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | 1,050.00 |

| | | | |
|---------------------|---------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 30,330 |
| Name (Print/Type) | Leonard R. Svensson | Telephone | (858) 792-8855 |
| | | Date | December 11, 2007 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 943144443 US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 11, 2007

Signature: (William H. Gorman)